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Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter. UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number WAD98072630 WASTE MANIFEST (800) 424-9300 Generator's Site Address (if different than mailing address) Generator's Name and Mailing Address US EPA REGION X US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101 3011 SOUTH FIFE STREET JACOMA WA. 98409 (206) 764-6792 (253) 929-1209 Generator's Phone 6. Transporter 1 Company Name U.S. EPA ID Number WAH000030727 *NEWSOM BROS* 7. Transporter 2 Company Name U.S. EPA ID Number N/A 8. Designated Facility Name and Site Address U.S. EPA ID Number CWMNW,INC 17629 CEDAR SPRINGS LANE ORDO89 4 6 2 3 5 3 **ARLINGTON OR 97812-9709** (841) 484-2643 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol НМ No Type RQ,NA3077\_HAZARDOUS WASTE,SOLID,N.O.S.9,III, GENERATOR (TETRACHLOROSTHEMS, TRICHLOROSTHEMS) 001 DT 14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged. marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year Day Rebecca Rule 16. International Shipments Port of entry/exit: Export from U.S Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Day Year 10 Transporter 2 Printed/Typed Name TR 18. Discrepancy 18a. Discrepancy Indication Space Quantity Residue Partial Rejection Full Rejection Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number **USEPA SF** Facility's Phone: DESIGNATED 18c. Signature of Alternate Facility (or Generator) Month Day 1475223 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature. Day Year EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete

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EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter. UNIFORM HAZARDOUS 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone WASTE MANIFEST WAD 9 8 0 7 2 6 3 0 (800) 424-9300 Generator's Name and Mailing Address nerator's Site Address (if different than mailing address) US EPA REGION X US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792 (253) 929-1209 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number **NEWSOM BROS.** WAH000030727 7. Transporter 2 Company Name U.S. EPA ID Number N/A 8. Designated Facility Name and Site Address U.S. EPA ID Number CWMNW,INC., 17629 CEDAR SPRINGS LANE ORD 0 8 9 4 5 2 3 5 3 **ARLINGTON OR 97812-9709** Facility's Phone (541) 454- 2643 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 13. Waste Codes and Packing Group (if any)) Quantity HM No. Type 60090 RQ,NA3077,HAZARDOUS WASTE,SOLID,N.O.S,9,HI, F002 GENERATOR DT X (TETRACHLOROSTHENS, TRICHLOROSTHENS) 001 14. Special Handling Instructions and Additional Information #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name LISACE-201 16. International Shipments Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. TR ANSPORTER 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Typed Name Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Туре Full Rejection Residue Partial Rejection 11. Pounds added by the driver. Bms 11.4-11 Manifest Reference Number: U.S. EPA ID Number FACILITY 18b. Alternate Facility (or Generator) Facility's Phone: DESIGNATED 18c. Signature of Alternate Facility (or Generator) Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name

**DESIGNATED FACILITY** 

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lease print or type. (Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1: Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone WASTE MANIFEST WAD980726301 (800) 424- 9300 Generator's Site Address (if different than mailing address) 5. Generator's Name and Mailing Address US EPA REGION X US EPA REGION X 1200 6th AVE, SCITE 900 MS ECL-111 SEATTLE WA. 98101 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792 (253) 929-1209 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number WAH000030727 **NEWSOM BROS** 7. Transporter 2 Company Name U.S. EPA ID Number NA 8. Designated Facility Name and Site Address U.S. EPA ID Number CWMNW,INC. 17629 CEDAR SPRINGS LANE ORD 0 8 9 4 5 2 3 5 3 **ARLINGTON OR 97812-9709** (541) 454-2643 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) НМ Quantity Wt./Vol. No Type RQ,NA3077, HAZARDOUS WASTE, SOLID, N.O. S, 9, III, F002 GENERATOR X (TETRACHLOROETHENE, TRICHLOROETHENE) 001 DT 14. Special Handling Instructions and Additional Information #OR302742; EXCÂYATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year Month Day on behalf of 16. International Shipments Port of entry/exit: Export from U.S. Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Transporter 2 Printed/Typed Na R 18. Discrepancy 18a. Discrepancy Indication Space Type Quantity Residue Partial Rejection Full Rejection Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: DESIGNATED 18c. Signature of Alternate Facility (or Generator) Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Month EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

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Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter. 4. Manifest Tracking Number 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS (800) 424-9300 WASTE MANIFEST WAD98072630 Generator's Site Address (if different than mailing address) . Generator's Name and Mailing Address US EPA REGION X US EPA REGION X 1200 6th AVE, SUITE 900 MS SCL-111 SBATTLE WA. 98101 3011 SOUTH FIFE STREET TACOMA WA. 98409 (2Q6) 764-6792 Generator's Phone:
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## IV. Instructions for Owners and Operators of Treatment, Storage, and Disposal Facilities

#### Item 18. Discrepancy

### Item 18a. Discrepancy Indication Space

- 1. The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancies between the waste described on the Manifest and the waste actually received at the facility. Manifest discrepancies are: significant differences (as defined by §§ 264.72(b) and 265.72(b)) between the quantity or type of hazardous waste designated on the manifest or shipping paper, and the quantity and type of hazardous waste a facility actually receives, rejected wastes, which may be a full or partial shipment of hazardous waste that the TSDF cannot accept, or container residues, which are residues that exceed the quantity limits for "empty" containers set forth in 40 CFR 261.7(b).
- 2. For rejected loads and residues (40 CFR 264.72(d), (e), and (f), or 40 CFR 265.72(d), (e), or (f)), check the appropriate box if the shipment is a rejected load (i.e., rejected by the designated and/or alternate facility and is sent to an alternate facility or returned to the generator) or a regulated residue that cannot be removed from a container. Enter the reason for the rejection or the inability to remove the residue and a description of the waste. Also, reference the manifest tracking number for any additional manifests being used to track the rejected waste or residue shipment on the original manifest. Indicate the original manifest tracking number in Item 14, the Special Handling Block and Additional Information Block of the additional manifests.
- 3. Owners or operators of facilities located in unauthorized States (i.e., states in which the U.S. EPA administers the hazardous waste management program) who cannot resolve significant differences in quantity or type within 15 days of receiving the waste must submit to their Regional Administrator a letter with a copy of the Manifest at issue describing the discrepancy and attempts to reconcile it (40 CFR 264.72(c) and 265.72(c)):
- 4. Owners or operators of facilities located in authorized States (i.e., those States that have received authorization from the U.S. EPA to administer the hazardous waste management program) should contact their State agency for information on where to report discrepancies involving "significant differences" to state officials.

#### Item 18b. Alternate Facility (or Generator) for Receipt of Full Load Rejections

Enter the name, address, phone number, and EPA Identification Number of the Alternate Facility which the rejecting TSDF has designated, after consulting with the generator, to receive a fully rejected waste shipment. In the event that a fully rejected shipment is being returned to the generator, the rejecting TSDF may enter the generator's site information in this space. This field is not to be used to forward partially rejected loads or residue waste shipments.

### Item 18c. Alternate Facility (or Generator) Signature

The authorized representative of the alternate facility (or the generator in the event of a returned shipment) must sign and date this field of the form to acknowledge receipt of the fully rejected wastes or residues identified by the initial TSDF.

## Item 19. Hazardous Waste Report Management Method Codes

Enter the most appropriate Hazardous Waste Report Management Method code for each waste listed in Item 9. The Hazardous Waste Report Management Method code is to be entered by the first treatment, storage, or disposal facility (TSDF) that receives the waste and is the code that best describes the way in which the waste is to be managed when received by the TSDF.

### Item 20. Designated Facility Owner or Operator Certification of Receipt (Except As Noted in Item 18a)

Enter the name of the person receiving the waste on behalf of the owner or operator of the facility. That person must acknowledge receipt or rejection of the waste described on the Manifest by signing and entering the date of receipt or rejection where indicated. Since the Facility Certification acknowledges receipt of the waste except as noted in the Discrepancy Space in Item 18a, the certification should be signed for both waste receipt and waste rejection, with the rejection being noted and described in the space provided in Item 18a. Fully rejected wastes may be forwarded or returned using Item 18b after consultation with the generator. Enter the name of the person accepting the waste on behalf of the owner or operator of the alternate facility or the original generator. That person must acknowledge receipt or rejection of the waste described on the Manifest by signing and entering the date they received or rejected the waste in Item 18c. Partially rejected wastes and residues must be re-shipped under a new manifest, to be initiated and signed by the rejecting TSDF as offeror of the shipment.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

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	15.		R'S CERTIFICATION: I hereby declar rded, and are in all respects in proper									
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Form Approved. OMB No. 2050-0039

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Form Approved, OMB No. 2050-003

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**DESIGNATED FACILITY TO GENERATOR** 

Please print or type. (Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number UNIFORM HAZARDOUS 1. Generator ID Number WAD98072630 WASTE MANIFEST (800) 424- 9300 Generator's Site Address (if different than mailing address) Generator's Name and Mailing Address LIS EPA REGION X US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98(01) 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792 (253) 929-1209 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number NEWSOM BROS WAH000030727 7. Transporter 2 Company Name U.S. EPA ID Number N/A 8. Designated Facility Name and Site Address U.S. EPA ID Number CWMNW,INC. 17629 CEDAR SPRINGS LANE ORDO89452353 **ARLINGTON OR 97812-9709** (.541) 454-2643 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. HM No. Туре RQ,NA3077, HAZARDOUS WASTE, SOLID, N.O.S, 9, III, F00.2 GENERATOR (TETRACHLOROETHENE, TRICHLOROETHENE) 001 p 14. Special Handling Instructions and Additional Information #OR302742; EXCAVATED SOIL & FILTER GAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Export from U.S. Port of entry/exit: K Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials ANSPORTER Transporter 1 Printed/Typed Name 0.66 9 Transporter 2 Printed/Typed Name TR 18. Discrepancy 18a. Discrepancy Indication Space Type Residue Partial Rejection Full Rejection Quantity Manifest Reference Number: DESIGNATED FACILITY 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

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### **CHEMICAL WASTE MANAGEMENT OF THE NW**

17629 Cedar Springs Lane Arlington, OR 97812 (541) 454-2643 (541) 454-3279 Fax

US EPA REGION X WAD980726301 3011 SOUTH FIFE STREET TACOMA WA 98409

# **CERTIFICATE OF DISPOSAL**

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:

US EPA REGION X

MANIFEST #:

003968239FLE

CWM TRACKING ID:

415069-01

PROFILE #:

OR302742

LINE ITEM:

9b.1

QUANTITY:

1 DT

RECEIVED DATE:

10/26/11

DISPOSAL PROCESS(ES):

LANDFILL

FINAL DISPOSAL LOCATION:

LANDFILL

14

DISPOSAL DATE:

10/26/11

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the abovedescribed waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

CWMNW RECORDS DEPARTMENT

Date:

10/28/11



### CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane Arlington, OR 97812 (541) 454-2643 (541) 454-3279 Fax

US EPA REGION X WAD980726301 3011 SOUTH FIFE STREET TACOMA WA 98409

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US EPA REGION X

MANIFEST #:

003968236FLE

CWM TRACKING ID:

415064-01

PROFILE #:

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LINE ITEM:

9b.1

QUANTITY:

1 DT

RECEIVED DATE:

10/26/11

\_\_\_\_\_

DISPOSAL PROCESS(ES):

LANDFILL

FINAL DISPOSAL LOCATION:

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14

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US EPA REGION X

MANIFEST #:

003968238FLE

CWM TRACKING ID:

415063-01

PROFILE #:

OR302742

LINE ITEM:

9b.1

QUANTITY:

1 DT

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10/26/11

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LANDFILL

FINAL DISPOSAL LOCATION:

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CWMNW RECORDS DEPARTMENT

Date:

10/28/11

Form Approved, OMB No. 2050-0039

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Please print or type. (Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS WASTE MANIFEST WAD 9 8 0 7 2 6 3 0 (800) 424- 9300 Generator's Name and Mailing Address nerator's Site Address (if different than mailing address) US SPAREGION X US SPAREGION X 1200 8th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792 (253) 929-1209 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number WAH000030727 **NEWSOM BROS.** U.S. EPA ID Number 7. Transporter 2 Company Name NA 8. Designated Facility Name and Site Address U.S. EPA ID Number CWMINW, INC. 17629 CEDAR SPRINGS LANE ORD 0 8 9 4 5 2 3 5 3 **ARLINGTON OR 97812-9709** (541) 454- 2643 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) HM Quantity Wt./Vol. No. Туре RQ,NA3077,HAZARDOUS WASTE,SOLID,N.O.S,9,III, F002 GENERATOR (TETRACHLOROSTHEMS, TRICHLOROSTHEMS) 001 DT 14. Special Handling Instructions and Additional Information #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LB5) 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. nerator's/Offeror's Printed/Typed Name Export from U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 2 Printed/Typed Name TR 18. Discrepancy 18a. Discrepancy Indication Space Type Residue Partial Rejection Full Rejection Quantity Manifest Reference Number: FACILITY 18b. Alternate Facility (or Generator) U.S. EPA ID Number DESIGNATED 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 4.

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

Printed/Typed Name

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

**DESIGNATED FACILITY TO GENERATOR** 

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Form Approved. OMB No. 2050-003

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Form Approved. OMB No. 2050-0039

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1	Designated Facility Name and Site Address		U.S. EPA ID Number	
	17429 CEDAR SPRINGS LANE		ORDO	89452353
	ARLINGTON OR 97812-9709			
	Facility's Phone: (641) 454- 2643			
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EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

Printed/Typed Name

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

**DESIGNATED FACILITY TO GENERATOR** 

Month

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316	19. Ha	azardous Waste Report M	lanagement Method Codes (i.	e., codes for hazardous waste tre	atment, disposal, a	and recycling systems)	W 190	Personal of	Marian		x do Sala
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	20. De	esignated Facility Owner of	or Operator: Certification of re	ceipt of hazardous materials cove	ered by the manifes	st except as noted in Item	18a	W. S. P. S.	1	0 10 17 27 32	Section 1
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Please print or type. (Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number WAD 9 8 0 7 2 6 3 0 WASTE MANIFEST (800) 424- 9300 Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) US EPA REGION X US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792 (263) 929-1209 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number NEWSOM BROS. WAH000030727 7. Transporter 2 Company Name U.S. EPA ID Number N/A 8. Designated Facility Name and Site Address U.S. EPA ID Number CWMNW,INC. 17629 CEDAR SPRINGS LANE ORD 0 8 9 4 5 2 3 5 3 **ARLINGTON OR 97812-9709** (541) 454-/2643 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) НМ Quantity Wt./Vol. No. Type RQ,NA3077,HAZARDOUS WASTE, SOLID, N.O.S, 9, III, GENERATOR (TETRACHLOROETHENE, TRICHLOROETHENE) 001 DT 14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10L85) 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year on behalf of 16. International Shipments Export from U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Day Transporter 2 Printed/Typed Name R 18. Discrepancy 18a. Discrepancy Indication Space Full Rejection Residue Partial Rejection Quantity Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number DESIGNATED FACILITY Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Year Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Month EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete DESIGNATED FACILITY TO

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